

100-2005-14 JUL 2006

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| FORM PTO-1390 REV 11-2000 | | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | ATTORNEYS DOCKET NUMBER |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | | | 0670-7081 U.S. APPLICATION NO. (Continuation, 37 CFR 1.5) |
| INTERNATIONAL APPLICATION NO. PCT/JP2005/000634 | | INTERNATIONAL FILING DATE January 13, 2005 | | PRIORITY DATE CLAIMED January 16, 2004 |
| TITLE OF INVENTION: WIRELESS COMMUNICATION METHOD, WIRELESS COMMUNICATION SYSTEM USING THE SAME, AND WIRELESS TERMINAL THEREOF | | | | |
| APPLICANT(S) FOR DO/EO/US: Manabu SATO | | | | |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This is an express request to promptly begin national examination procedures (35 U.S.C. 371(f)). 4. <input checked="" type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (PCT Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)). <ol style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). <p>Items 11 to 20 below concern document(s) or information included:</p> <ol style="list-style-type: none"> 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input type="checkbox"/> A FIRST preliminary amendment. 14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 15. <input type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A change of power of attorney and/or address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 - 1.825. 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input checked="" type="checkbox"/> Other items or information: International Search Report 4 sheets of Formal Drawings (Figures 1-4) | | | | |

| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.50) 10/586146 | | INTERNATIONAL APPLICATION NO. PCT/JP2005/000634 | | ATTORNEYS DOCKET NUMBER 0670-7081 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <p><input checked="" type="checkbox"/> a) Basic national fee.....\$300.00</p> <p><input checked="" type="checkbox"/> b) Examination fee.....\$200.00</p> <p><input checked="" type="checkbox"/> b) Search fee.....\$500.00</p> | | | CALCULATIONS | | PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ENTER APPROPRIATE BASIC FEE AMOUNT = Additional Fee for specification and drawings filed in paper over 100 sheets (\$250 for each additional 50 sheets over 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)). <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>3 - 20 =</td> <td>0</td> <td>X \$50.00</td> <td>\$ 0.00</td> </tr> <tr> <td>Independent claims</td> <td>3 - 3 =</td> <td>0</td> <td>X \$200.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+ \$360.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3"></td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="6"> TOTAL OF ABOVE CALCULATIONS = </td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½. </td> </tr> <tr> <td colspan="6"> SUBTOTAL = \$1,000.00 </td> </tr> <tr> <td colspan="6"> Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). + \$ </td> </tr> <tr> <td colspan="6"> Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + \$ 40.00 </td> </tr> <tr> <td colspan="6"> TOTAL FEES ENCLOSED = \$1040.00 </td> </tr> <tr> <td colspan="6"> <table border="1"> <tr> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td>charged:</td> <td>\$</td> </tr> </table> </td> </tr> <tr> <td colspan="6"> <p>a. <input checked="" type="checkbox"/> A check in the amount of \$1040.00 to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No.<u>50-2280</u>. A duplicate copy of this sheet is enclosed.</p> </td> </tr> <tr> <td colspan="6"> NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. </td> </tr> <tr> <td colspan="6"> SEND ALL CORRESPONDENCE TO:  SIGNATURE <u>Eric J. Robinson</u> NAME <u>38,285</u> REGISTRATION NUMBER </td> </tr> <tr> <td colspan="6"> Robinson Intellectual Property Law Office PMB 955 21010 Southbank Street Potomac Falls, Virginia 20165 </td> </tr> </tbody></table> | | | | | | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | Total claims | 3 - 20 = | 0 | X \$50.00 | \$ 0.00 | Independent claims | 3 - 3 = | 0 | X \$200.00 | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | + \$360.00 | \$ 0.00 | | | | | \$ 0.00 | TOTAL OF ABOVE CALCULATIONS = | | | | | | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½. | | | | | | SUBTOTAL = \$1,000.00 | | | | | | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). + \$ | | | | | | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + \$ 40.00 | | | | | | TOTAL FEES ENCLOSED = \$1040.00 | | | | | | <table border="1"> <tr> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td>charged:</td> <td>\$</td> </tr> </table> | | | | | | Amount to be refunded: | \$ | charged: | \$ | <p>a. <input checked="" type="checkbox"/> A check in the amount of \$1040.00 to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No.<u>50-2280</u>. A duplicate copy of this sheet is enclosed.</p> | | | | | | NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. | | | | | | SEND ALL CORRESPONDENCE TO:  SIGNATURE <u>Eric J. Robinson</u> NAME <u>38,285</u> REGISTRATION NUMBER | | | | | | Robinson Intellectual Property Law Office PMB 955 21010 Southbank Street Potomac Falls, Virginia 20165 | | | | | |
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| Total claims | 3 - 20 = | 0 | X \$50.00 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | + \$360.00 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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